

Psychological Impact of Disasters and Terrorism





An Introduction to the FEMA Crisis
Counseling Program

May, 2004



FEMA Crisis Counseling Program Overview

- Authorized by Stafford Act
- Immediate Services Program, CCP
- Regular Services Program, CCP
- Purpose to bring a systematically organized response to a significantly disorganizing event
- CCP does not fund traditional mental health services!
- CCP services include:
 - public information, outreach, and referral
 - educational services (individual & group)
 - crisis counseling (individual and group)
- Website and handouts as resources



Definition of Disaster

- A disaster is an occurrence such as a hurricane, tornado, flood, earthquake, explosion, hazardous materials accident, war, transportation accident, fire, famine, or epidemic that causes human suffering or creates collective human need that requires assistance to alleviate.
- An event, concentrated in time and space, in which a society, or a relatively self-sufficient subdivision of a society, undergoes severe danger and incurs such losses to its members and physical appurtenances that the social structure is disrupted and the fulfillment of all or some of the essential functions of the society is prevented.

Fritz, 1961



Types of Disasters

- Natural
- Technological
- Health
- Social



Factors Which Influence Recovery

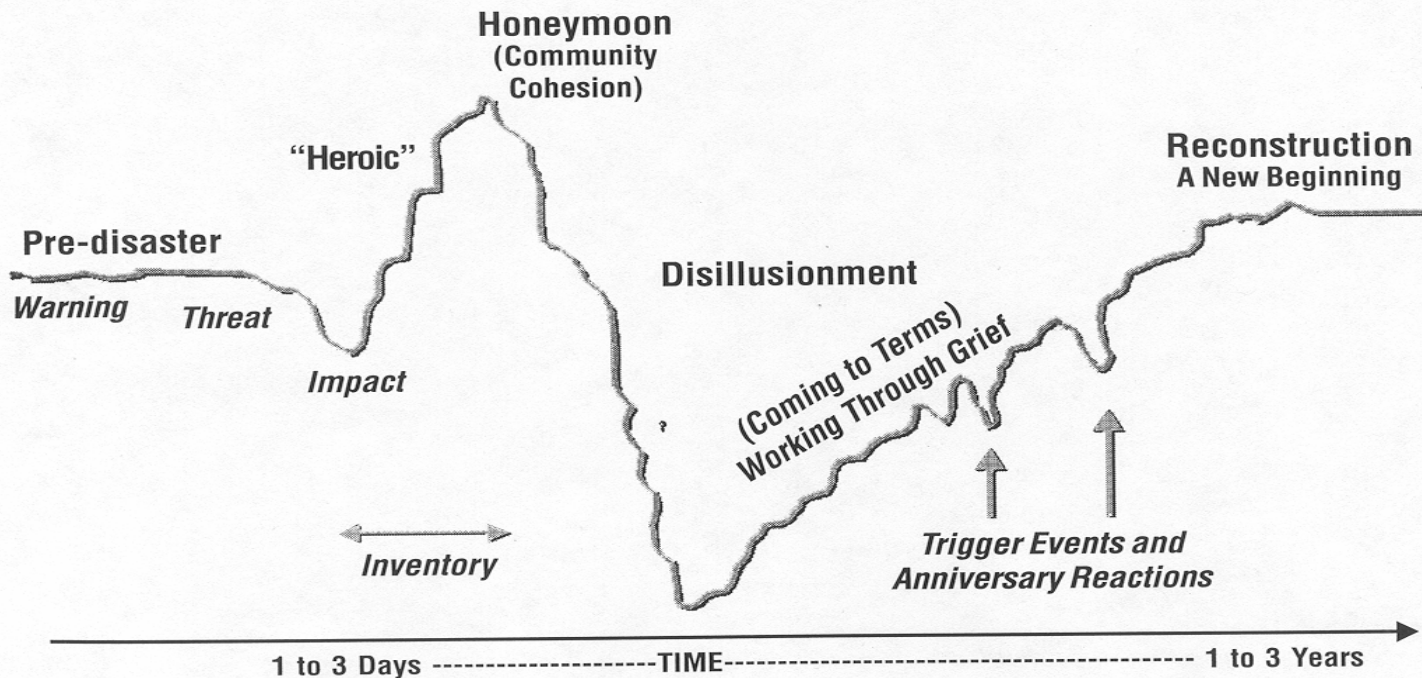
- Natural vs. human-caused
- Degree of personal impact
- Size and scope
- Visible impact/low point
- Probability of recurrence



Phases of Disaster Reactions

- Warning of Threat
- Impact
- Rescue or Heroic
- Remedy or Honeymoon
- Inventory
- Disillusionment
- Reconstruction and Recovery

Psychological Reactions to Disaster



Source: Zunin/Meyers

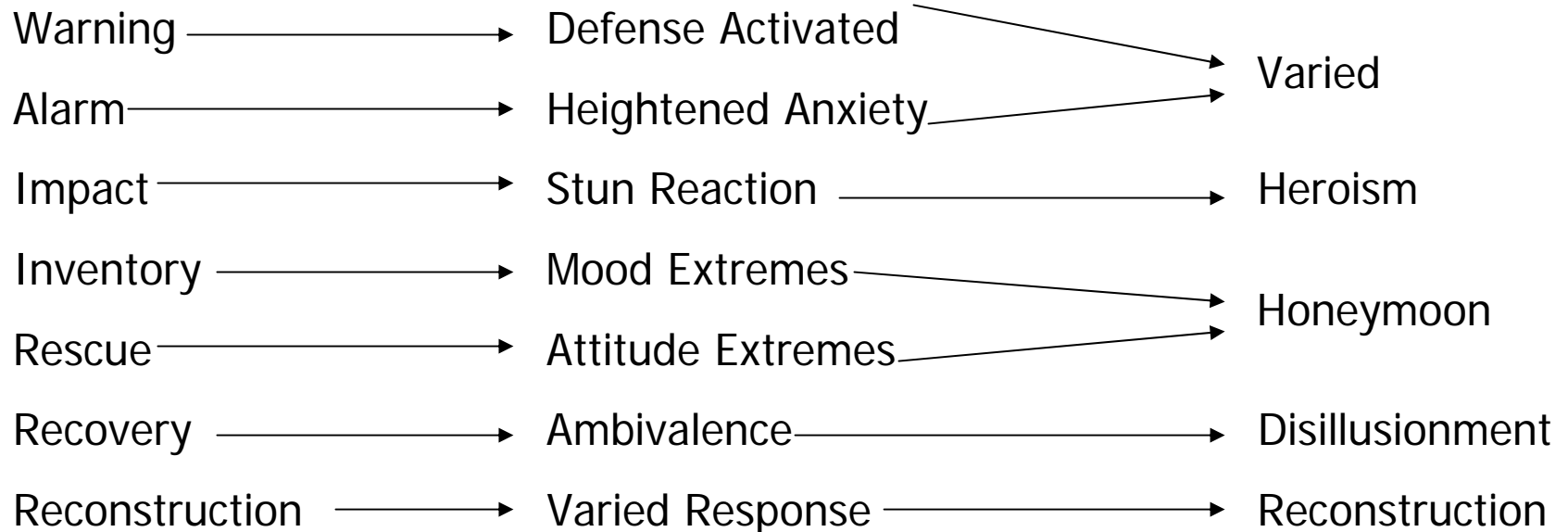


Disaster Phases

Event Sequence

Psycho/Physical Reaction

Socio/Cultural Sequence





Physical Reactions

- Fatigue, exhaustion
- Gastrointestinal distress
- Appetite change
- Tightening in throat, chest, or stomach
- Worsening of existing medical conditions
- Somatic complaints



Emotional Reactions

- Depression, sadness
- Irritability, anger, resentment
- Anxiety, fear
- Despair, hopelessness
- Guilt, self-doubt
- Unpredictable mood swings
- Feeling overwhelmed
- Apathy



Cognitive Reactions

- Confusion, disorientation
- Recurring dreams or nightmares
- Preoccupation with disaster
- Trouble concentrating or remembering things
- Difficulty making decisions
- Questioning spiritual beliefs



Behavioral Reactions

- Sleep problems
- Crying easily
- Avoiding reminders
- Excessive activity level
- Increased conflicts with family
- Hyper-vigilance, startle reactions
- Isolation or social withdrawal
- Changes in appetite



Critical Stress Indicators

- Threat to one's life
- Threat of harm to family
- Destruction of home or community
- Significant media attention
- Witnessing others' trauma
- Being trapped or unable to evacuate



Chronic Stressors in Disaster

- Family disruption
- Work overload
- Gender differences
- Bureaucratic hassles
- Financial constraints



Effects of Long-Term Disaster Stress

- Anxiety and vigilance
- Anger, resentment and conflict
- Uncertainty about the future
- Prolonged mourning of losses
- Diminished problem-solving
- Isolation and hopelessness
- Health problems
- Physical and mental exhaustion
- Lifestyle changes



Key Concepts of Disaster Impact

- No one who sees a disaster is untouched by it
 - Primary, Secondary and Tertiary victims
- Two Types of Trauma
 - Individual (stress and grief reactions)
 - Collective (disrupts the bonds and social fabric of families and communities)



Key Concepts of Disaster Impact

- People pull together during and after a disaster (high activity-low efficiency)
- Stress and grief are normal reactions to an abnormal situation (transitory reactions)
- Emotional reactions relate to problems of living (abnormal and excessive disruptions to daily routines)



Key Concepts of Disaster Impact

- Disaster relief – can seem complex and overwhelming
- People typically do not seek out mental health services (*self reliance at all costs*)
- Survivors reject help (*others need it more than I do*)
- Mental health services are practical rather than psychological



Key Concepts of Disaster Impact

- Services must be tailored to community norms
- Support systems are crucial to recovery
- Interventions must be consistent with the phase of the disaster



Guiding Principles in Mental Health Response

- Normal reactions to abnormal situation
- Avoid “mental health” terms and labels
- Assistance is practical
- Assume competence
- Focus on strengths and potentials
- Encourage use of support network
- Active, community fit
- Be innovative in offering help



Psychological Tasks for Recovery

- Acceptance of the disaster and losses
- Identification, labeling, and expression of emotions
- Regaining sense of mastery and control
- Resumption of age-appropriate roles and activities

Pynoos & Nader, 1988



Disaster Mental Health Intervention Models

- CISM
- NOVA
- Red Cross Disaster Mental Health
- WHO – Psychological First Aid
- Military
- Trauma Survivors



Disaster Mental Health Interventions

- Rapid assessment and triage
- Crisis intervention
- Supportive listening
- Problem-solving immediate issues
- Education about disaster stress
- Debriefing and community meetings
- Information and referral



Intervention Strategies

- Learn local norms from community leaders
- Use bilingual and bicultural staff
- Allow time to gain acceptance in a community
- Be dependable, non-judgmental, respectful
- Recognize cultural variation in expressions
- Provide community education information in multiple languages
- Focus on problem-solving and concrete solutions
- Interpret facts, policies and procedures



Post-Disaster Mental Health Interventions

- Case finding
- Letters and phone calls
- Community outreach
- Brief counseling (individual and group)
- Case management
- Public education through media
- Information and referral



Main Components of Grief Reactions

- Disbelief
 - initial reaction of grief as one comes to terms with actual loss
- Questioning
 - seeking reasons for the death
 - making the death or loss believable by knowing its cause



Main Components of Grief Reactions

- Anger
 - non-directional
 - emotional
- Guilt/Blame
 - seeking the source of responsibility for the disaster/death
 - focused on self, others, or God/fate



Main Components of Grief Reactions

- Desperation
 - avoiding eye contact
 - overwhelmed with designation/dismay
 - sense of hopelessness
- Powerlessness
 - sense of loss of ability to impact life events
 - increased emotional response
 - multiple feelings of fear, hostility, love, guilt/hate

V.R. Pine, (1996) *Social Psychological Aspects of Disaster Death*. In Living with Crisis After Sudden Loss, K.J. Doka and J.D. Gordon (Eds.)



Strategies for Linking Survivors with Resources and Services

- What type of assistance is the survivor asking for?
- What are the most likely sources for meeting this individual's needs?
- What are the barriers facing the survivor in securing the needed resources?
- What are the community/resource barriers?
- What actions can the survivor take to secure resources in the next day, week, month?



Disaster Recovery Outreach Services: Common Human Needs

- To be treated as an individual
- To express feelings
- To get sympathetic responses to problems
- To be recognized as a person of worth
- To not be judged
- To make one's own choices and decisions
- To maintain privacy and dignity



Elements of a Helping Relationship

- Purpose: normative, operational, individual
- Concern for others: caring and communicating
- Commitment and obligation: commitment to a common purpose
- Empathy: being able to enter into the feelings and experiences of the other person
- Genuineness and congruence: consistent and openness – behaviors consistent with realities



Day-to-Day Activities of Crisis Counseling Program Staff

- Access to Services

- Disseminate – flyers, calling cards, billboard style advertisements
- Educate staff and local agency workers about project and survivor issues
- Liaison with CMHC staff
- Interagency collaboration and networking
- Negotiating issues of turf with volunteer and other helping organizations
- Canvassing neighborhoods, staying safe and focused



Day-to-Day Activities of Crisis Counseling Program Staff

- Serving all Populations in Need
 - Utilize indigenous personnel
 - Capitalize on community status of civic and religious leaders
 - Reaching families through Head Start and other pre-school programs
 - Reaching disabled persons through “helping networks” and natural support groups
 - Accepting of lifestyles and cultural/religious orientations of survivors



Day-to-Day Activities of Crisis Counseling Program Staff

■ Type of Services

- Culturally literate – speak the language of survivors
- On-site supportive and crisis counseling in homes, neighborhoods, shelters, schools, malls, etc.
- Facilitating peer supports and reintegration of natural and community supports
- Debriefing of survivors, responders, and volunteers
- Consultation to local government agencies
- Community education and group debriefing
- Community outreach at fairs, libraries and churches
- Media presentations
- Support FEMA operations, report barriers and problems associated with recovery services
- Anniversary activities, remembering and reframing the disaster event
- Disaster resolution skills training and supportive counseling
- Project phase-down activities



Potential Barriers to Recovery

- Community distrust of outsiders
- Lack of exposure to mental health services
- Limited understanding of emotional or coping processes
- Great difficulty asking for help
- Survivors' pre-disaster socio-economic circumstances are marginal
- Functionally illiterate
- Isolated rural living conditions
- Wariness of government programs



Characteristics of Disaster Mental Health Staff

- Can remain focused
- Functions well in confused chaotic environments
- Has common-sense and can “think on one’s feet”
- Views problems as challenges not burdens
- Can monitor and manage own stress
- Is comfortable with value systems and life experiences different from their own
- Has initiative and stamina
- Is sensitive to cultural issues
- Can adapt and be creative
- Establishes rapport easily
- Has self confidence
- Enjoys people



Knowledge, Skills, and Attitudes Essential for Disaster Mental Health Workers

- Understand human behavior in a disaster
- Interventions with special populations
- Organizational aspects of disaster response and recovery
- Key concepts of disaster mental health vs. traditional psychotherapy
- Appropriate assistance to survivors and workers in community settings
- Community – level mental health services
- Understand stress inherent in disaster work – recognize it – manage it



Some Useful Phrases After a Traumatic Event

- You are safe now (if they actually are)
- It is understandable that you feel this way
- It must have been really upsetting/distressing to see, hear, feel, or smell that
- I am sorry that it (the flood, fire, your child's death) happened
- It sounds like you are feeling – sad, overwhelmed, scared, angry, exhausted, confused.
- You are not going crazy
- Your reaction is a normal response to an abnormal event.
- It wasn't your fault (if you are sure that it wasn't)
- Things may never be the same, but they will get better, and you will get better



Don't say.....

- It could have been worse
- You can always get another house/pet/car
- Everything will be all right
- I know just how you feel
- You need to get on with your life
- You will get over it
- The Lord gives and the Lord takes away
- You can't question God's will
- You were lucky
- What you have to do is just stay busy
- Crying doesn't help, you have to be strong



Tips on Engagement

- Be open, friendly, caring
- Skillful use of body language
- Use active listening skills
- Establish trust
- Focus on strengths
- Treat secrets and disclosures matter-of-factly
- Don't try to parent or impose your personal values
- Keep the conversation on track
- Pace the engagement process
- Be comfortable in talking about disaster responses
- Don't be intrusive or mechanistic
- Be creative; offer hope



Recommendations for Outreach Workers

- Know how to handle dogs and other pets – knowledge about animals is good for “small talk”
- Convey that you are here to help
- Wear comfortable casual clothes
- Work in pairs – male/female teams are good
- Follow up on mailings is a nice way to “get-in”
- There are advantages to having a team that is diverse in age, sex, race, and life experience
- Be comfortable being outside in the elements
- Develop a “script” of entry remarks that identify who you are and why you are engaging this individual in conversation
- Go with whatever the person says following your introduction – validate the person’s feelings



Special Populations

- Children & Youth
- Older Adults
- People with Disabilities
- People with Serious Mental Illness
- DD Population
- People with Low Socio-economic Status
- Rural Communities
- Cultural & Ethnic Groups
- Disaster Workers



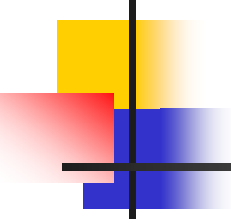
Pre-School Age Children's Reactions

- Sleep problems, nightmares
- Separation anxiety
- Fearfulness
- Clinging
- Regression
- Repetitive play



School Age Children's Reactions

- Sleep problems, nightmares
- Fears about safety
- Preoccupation with disaster
- Physical complaints
- Depression, guilt
- Angry outbursts
- School performance decline
- Withdrawal from peers



Pre-Adolescents and Adolescents

- Sleep problems
- Physical complaints
- Depression, guilt
- Withdrawal, isolation
- Aggressive behavior
- Decline at school
- Risk-taking behavior



Risk Factors for Children

- Death or serious injury of family member or close friend
- Witnessing grotesque destruction
- Exposure to life threat
- Separation from parents
- High level of family stress
- Recent stressful life events
- Prior functioning problems



Cultural Issues in Service Delivery

- Diverse nation and communities
- Diverse populations over-represented as at-risk
- Under-served
- Under-resourced



Support to Diverse Communities

- Inclusive processes
- Preparedness
 - Outreach
 - Culturally competent
- Response Activities
 - Outreach-oriented
 - Linguistic competence
 - Clinical considerations
 - Cultural views of help-seeking
 - Stigma



Self Care and Stress Basics

- Stress is:
 - Normal
 - Necessary
 - Productive *and* destructive
 - Acute and delayed
 - Cumulative
 - Identifiable
 - Preventable and manageable



Organizational Supports

- Effective management structure and leadership
- Clear purpose and goals
- Functionally defined roles
- Team support
- Plan for stress management



Self-Care Tips for Emergency and Disaster Response Workers

- Normal Reactions to a Disaster Event
 - No one who responds to a mass casualty event is untouched by it
 - Profound sadness, grief, and anger are normal reactions to an abnormal event
 - Wanting to remain on the scene until the work is finished
 - Overriding stress and fatigue with dedication and commitment
 - Denying the need for rest and recovery time



Signs That You May Need Stress Management Assistance

- Difficulty communicating thoughts
- Difficulty remembering instructions
- Difficulty maintaining balance
- Uncharacteristically argumentative
- Difficulty making decisions
- limited attention span
- Unnecessary risk-taking
- Tremors/headaches/nausea
- Tunnel vision/muffled vision
- Colds or flu-like symptoms
- Disorientation or confusion
- Difficulty concentrating
- Loss of objectivity
- Easily frustrated
- Unable to engage in problem-solving
- Unable to let down when off duty
- Refusal to follow orders
- Refusal to leave the scene
- Increased use of drugs/alcohol
- Unusual clumsiness



Individual Approaches

- Management of workload
- Balanced lifestyle
- Stress reduction strategies
- Self-awareness



Ways to Help Manage Your Stress

- Limit on-duty work hours to no more than 12 hours per day
- Make work rotations from high stress to lower stress functions
- Make work rotations from the scene to routine assignments, as practicable
- Use counseling assistance programs available through your agency
- Drink plenty of water and eat healthy snacks like fresh fruit and whole grain breads and other energy foods at the scene
- Take frequent, brief breaks from the scene as practicable
- Talk about your emotions to process what you have seen and done
- Stay in touch with your family and friends
- Participate in memorials, rituals, and use of symbols as a way to express feelings
- Pair up with a responder so that you may monitor one another's stress



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